THE NATIONAL ARCHIVES

CERT. NO. 858745

PENSIONER: Margaret E

Sudbur OF

VETERAN: James A Cargill

CAN NO: 6472C.

BUNDLE NO: 6

May 1/- Atty Morris
Notice of Ry. of Inq

Aug 8/01. Record Div for
P.O. addresses of 12. Comrades.
S.M.C.

Aug 20/01. Atty Morris furnishes
P.O. addresses of Pitt Corbin. Lloyd
Meahany. - Jacob Brown. Daniel
Brant - Henry Berninkel. And
Dolan and David Murphy. And
all correspondence with. -
S.M.C.

Sept. 3. 1903 To Clint and
Atty Morris & Co Cause
of rejection N.L. Inq
S.M.C.

(S–230.)

INVALID. (Series 809,705.)

Cert. No. 809705

Name, James A. Bourgard

Rank, Pvt.; Service, Co. G. 2 Pa. Vol. Inf.

Agency. Original Roll: Pittsburgh
Transf'd ....., 18....., to.....
" ....., 18....., to.....

Issue. Class. Fee, $ 10

Entered

Issued Sep. 16, 18 7

Mailed ....., 18

Rate and Period, $ 6, from Dec. 1, 18 7

Action complete by Board of Review

Deductions: .....

Disability: Rheumatism dis. of heart.

Issue. Class. Fee, $ 12

Entered

Issued May 17 1912, 18

Mailed " 27, 18

Rate and Period, $ ....., from Nov 24, 18

Deductions: .....

Disability: .....

Issue. Class. Fee, $ 3

Entered

Issued April 8, 1907

Mailed " 9, 18

Rate and Period, $ 12, from Feb 14, 1907

SCR.

Deductions: .....

Disability: .....

Issue. Class. Fee, $

Entered

Issued ....., 18

Mailed ....., 18

Rate and Period, $ ....., from ....., 18

Deductions: .....

Disability: .....

INDORSEMENTS.

Apl 7/ 14 Connellsville
Pa
24494 Pvt Co G 2 Pa Inf
$ 12 per mo
Feb 14, 1894 Cpl Co G
Greensburg Pa
Pension certificate to Attorney
J.S.A.

Campbell
~~Clayton~~

[3—216.]

Ex'r. INVALID.

Inv Ct G/2 No. 809705

2/47 Acts of July 14, 1862, and March 3, 1873.

Wdg Feb. 18, 93 K.
MD. Nov 4. 93 returned A.G.
VA. for full Military and
W. V. Medical History
11/9/93 Atty Morris for Claimt. Dent & Rhea
Pleas. for Claimt. CPC

James A. Cowgill,
P. O. New Haven,
Pa.
Service: Pvt. G - 2nd Inf. P.H.B

ABANDONED.

Enlisted: ....., 18 .
Discharged: ....., 18 .
Application filed: Feb - 1, 1893.
Alleges: .....
.....
Re-enlisted:
I. Ct 809,705-

11/9/93 Claimt for Wdg, CPC

N. C.
S. C.
FLA.
GA.
ALA.
MISS.
LA.
TEX.
KY.
TENN.
MO.
ARK.
D. C.
U.S.C.T.

Attorney: J. W. Morris,
P. O. City,

..... Recognized. ..... Contract.

R ..... Cert. of Dis. Searched for ....., 18 .

(3645—15,000.)

No.

Act of Jun. 27, 18

Declaration for Invalid Pension.

State of Pennsylvania County of Fayette ss:

ON THIS 17 day of Dec A. D. one thousand eight hundred and ninety one

before me, a Justice of the Peace in and for the County

and State aforesaid, personally appeared A. Cavegill

aged 50 years, a resident of New Haven, county of Fayette

State of Pa, who being duly sworn according to law, declares that he is the

identical A Cavegill who was enrolled on the 16

day of Aug, 1861, as Private in Co G, 2 Reg't P. H. B. Maryland Vols.,

Here state rank, company and regiment, if in the Military service, or vessel, if in the Navy.

in the service of the United States during the war of the rebellion, and served at least ninety days, and was

honorably discharged at or near at Cumberland

in the State of Maryland, on the 28 day of Sept, 1864

That he is Partially unable to earn a support by reason of Rheumatism

(Partially or totally)

Here state the name and nature of every disease,

and Kidney affection

and describe every wound and injury that causes the disability, no matter whether incurred in the service or not.

That said disabilities are not due to vicious habits, and are to the best of his knowledge and belief permanent.

That he has not been employed in the U. S. military or naval service otherwise than as stated above

(If in other service, here state in what organization, and when it began and ended.)

That he has not been in the military or naval service of the United States since the ..... day of ..... 18....

That he has not received or applied for a pension

If now pensioned, state your rate. number of certificate, and disability

mentioned in it. If you have applied, but not received pension, state when and for what disability, and give number of claim.

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of June 27, 1890.

He hereby appoints **J. W. MORRIS, of Washington, D. C.,** his true and lawful attorney to prosecute his claim. That his post-office address is New Haven

county of Fayette, State of Penna.

13 Rue D

Martin Cameron

Two witnesses who can write must sign here.

James A Cavegill

(Signature of Claimant.)

Also personally appeared J B Reed, residing at New Haven and Hugh Cameron residing at New Haven, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw J. N. Cunigill, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 8 years and 6 years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

J B Reed

Hugh Cameron

If either witness sign by mark, two persons who can write sign here. [Signature of two witnesses.]

Sworn to and subscribed before me this 14 day of Dec A. D. 1891

I hereby certify that the contents of the foregoing declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words _____ erased, and the words _____ added, and that I have no interest, in said claim, either direct or indirect.

1. mond May 89
1 " " 94
$05-

[L. S.]

Wm H Berger
(Signature.)

Justice of the Peace
(Offical Character.)

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Original No. 769672

Certificate No.

INVALID

APPLICATION FOR PENSION.

ACT OF JUNE 27, 1890.

J. A. Carriel

Co. Reg't. Vols

PENSION OFFICE DEC 17 1891

FILED BY

J. W. MORRIS,

[Late Principal Examiner U. S. Pension Office]

Attorney at Law,

WASHINGTON, D. C.

FEB 16 597680

Write nothing above this line.

(3–060 a.)

MILITARY SERVICE.

NAME OF SOLDIER:

James A. Cowgill

Tenn Div.

J. C. C. Ex'r.

No. 1080100

Dicken.

Bureau of Pensions,

Feb. 15, 1892

SIR:

It is alleged that the above-named man enlisted 16 Aug., 1861, and served as a private in Co. G, 2 Reg't Md. P.H.B.

also as a ..... in Co. ....., ... Reg't

....., and was discharged at Hunterstd Md.

on Sept 28, 1864

No. of prior claim .....

The War Department will please furnish an official statement in this case, showing date of enrollment and date and mode of termination of service.

Very respectfully,

Green B. Raum

Commissioner.

THE OFFICER IN CHARGE OF THE
RECORD AND PENSION DIVISION,
WAR DEPARTMENT. 0—4

War Department,

Record and Pension Division,

FEB 16 1892

Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that James A. Cowgill

mentioned in the preceding indorsement, was enrolled Aug. 16, 1861, and Mustered at Pot. Sept. 28, 1864

BY AUTHORITY OF THE SECRETARY OF WAR:

D. L. Huntington

Major and Surgeon, U. S. Army.

Per m.

5269 b—200 m

AFFIDAVIT.

(To be filled up and sworn to by Claimant.)

State of Pennsylvania, County of Fayette ss:

ON THIS 16 day of Jany, A. D. 189 2, personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths James A Gowgill [Name of Claimant,] a resident of New Haven in the County of Fayette and State of Penna whose Post-Office address is New Haven Penna well known to me to be reputable and entitled to credit, and who being duly sworn, declares as follows:

That I am the identical person who under that name served in Co. G., 2nd Reg't. P.H.B. Maryland Vols, during the late war of the rebellion, and who claims pension under the Act of June 27, 1890.

That I have not been employed in the U. S. military or naval service otherwise than as stated above

[If in other service, here state in what organization, and when it began and ended.]

That I have not been in the military or naval service of the United States since the 28 day of Sept 1864 the date of my discharge from Co. G. 2nd Reg't. P.H.B. Maryland Vols.

James A Gowgill
Signature of Claimant.

If either affiant signs by mark, two persons who can write must sign here.

State of Pennsylvania County of Fayette ss:

Sworn to and subscribed before me, this day by the aforementioned affiant, and I certify that I read over fully and carefully made known the contents of this affidavit to said affiant, including the words

erased, and the words

added, before executing the same.

I further certify that I am not interested in said case, and that said affiant is a credible person.

W. H. Sayers
Official Signature.

[L. S.]

Justice of the Peace
Official Character.

No. 1,080,102

PENSION CLAIM OF

James A. Longsdale

Co. G, 2nd Regt. Ind. Pa. Vols.

AFFIDAVIT OF CLAIMANT.

"SUBSEQUENT SERVICE."

FEB 24 1892

FILED BY

J. W. MORRIS,

[LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU.]

Attorney at Law,

WASHINGTON, D. C.

(3—111.)

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Original Pension Claim No. 1080100
[State above whether for original, increase, or restoration.]

Name and rank of claimant. James A. Campbell, Rank, Pvt.

Company G, 2 Reg't Md. Inf. P.A.B. Carrollsville Pa. State,
[Post-office address of the Board.]

Claimant's post-office address. New Haven, Fayette Co. Pa. Mar. 9th, 1892
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability. in the service, viz: Disease of Kidneys and Rheumatism

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for orig.
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. Rheumatism originated while in the army.
Kidney disease has come on since the war.

Upon examination we find the following objective conditions: Pulse rate, 96; respiration, 20; temperature, 98, S: height, 5' feet 6 3/4 inches; weight, 160 pounds; age, 50 years.

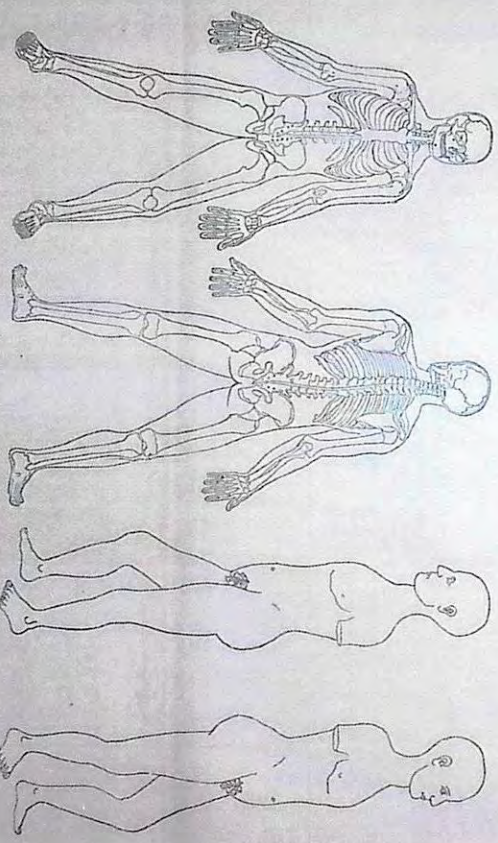
Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889 Urine; color, deep umber, clear; reaction acid: sp. gr. 1028; no albumen or sugar.
Nothing; Nothing for disease of Kidneys.
Atrophy and tenderness of lumbar muscles; veins congested in lumbar region; back stiffened; no enlargement or suppuration of the lungs.
Rating; four eighteenths for Lumbago.
Heart: apex beat in nipple line, 5th interspace; action regular; 1st sound inaudible; no murmur; pulse one hundred 108.
Rating; four eighteenths for heart disease.
Except as above, we find no disability.

Rate for EACH cause of disability. He is, in our opinion, entitled to a 4/18 rating for the disability caused by Lumbago, 4/18 for that caused by Heart disease, and 0 for that caused by anything else.

T. H. White, Pres. D. A. Tonner, Sec'y. John S. Sturgeon, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(3504—300,000.) 6—552



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board," where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1892.*]

PENSION BUREAU
MAR 14 1892
RECEIVED

SURGEON'S CERTIFICATE

IN CASE OF

James A. Cowgill

Co. G, 2 Reg't Md. Inf. P.A.V.

Applicant for Orig.

No. 1080 100

DATE OF EXAMINATION:

Mar. 9th, 1892

J. N. White, Pres.,
D. Patterson, Sec'y,
John D. Sturgeon, Treas., } BOARD.

Post office, Connellsville

County, Fayette

State, Pa.

P. S.—Write your Post-office address plainly and in full.

Klemm

809705
Pitts

(3–145 a.)

ACT OF JUNE 27, 1890.

INVALID PENSION

Wm a. sept 28/92

Claimant, James a Cawgill (Cowgill)

P. O., New Haven | Rank, Pri

County, Fayette | Company, G.

State, Pa. | Regiment, 2. P H B. Md. Vol. Inf.

Rate, $ 6, per month, commencing Dec. 17. 1891

Disabled by Rheum. & dis of heart

RECOGNIZED ATTORNEY.

Name, J W Morris | Fee, $ 10.00 . Agent to pay.

P. O., City | Articles filed, . 189....

APPROVALS.

Submitted for adm, Aug 16 1892. J D Stahl, Examiner.

Approved for Admission. | Approved for Rheumatism and disease of heart.

W J Ob

Recd for drawing, 50 cts.
Not disabled, for
following an occupation
Manual labor under Act of
June 27th 1890.

Wm Glenn

Reclaggs

Legal Reviewer.

Sept 1, 1892

Uphame

Sept 29, 1892.

Medical Referee.

Medical Referee, 189

Not now pensioned under other laws. Last paid to ....., 18...., at $.....

Pensioned from ....., 18...., at $....., for .....

SERVICE SHOWN BY RECORD.

Enlisted aug 16, 18 61, honorably discharged Sept 28 1864 Sept 1/92

Re-enlisted ....., 18...., honorably discharged ....., 18....

Declaration filed Dec 17, 1891, alleges permanent disability, not due to vicious habits, from rheumatism, kidney affection. Aff'd'r June 6 1892 alleges lumbago since 1880 and heart disease since 1864,

no mc

Writes

o4

7153 b—200 m

HISTORY OF DISABILITY.

(To be filled up and sworn to by Claimant.)

State of Pennsylvania, County of Fayette ss:

ON THIS 15 day of June A. D. 1892, personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths James A Cowgill, a resident of New Haven
Name of Claimant.
in the County of Fayette and State of Penn'a,
whose Post Office address is New Haven Pa
well known to me to be reputable and entitled to credit, and who being duly sworn, declares as follows:

That I am the identical person who under that name served in Co. G 2 Reg't. Md O Vol Inf.

I further state that lumbago and heart disease for which I claim pension,

I incurred on or about 18 , at or near

under the following circumstances, to wit: Heart disease I incured
If said disability be disease, state fully its cause; if wound or injury, the precise manner in which received.
about or between 1862 and 1864 at or near Cumberland Md. while in the service of The United States Lumbago I got about the year 1880. at or near Martinsburg West Va. While I was running On the B & O Rail Roads, And none of my Diseases is due to Vicious Habits or Drunkenness

J. W. MORRIS, of Washington, D. C., being my true and lawful attorney, is hereby authorized by me to prosecute this claim to completion, before the Commissioner of Pensions, on appeal to the Secretary of the Interior, or before the Committees of Congress, as may be found necessary or deemed by him best for my interests.

James a Cowgill
(Signature of Claimant.)

If Claimant signs by mark, two persons who can write must sign here.

Sworn to and subscribed before me this day by the aforementioned affiant, and I certify that I have carefully made known the contents of this affidavit to said affiant, including the words ..... erased, and the words ..... added, before executing the same, and that I am not interested in said claim.

[L. S.]

Wm. O. Burger
Official Signature.

Justice of the Peace
Official Character.

No. 1180,100

PENSION CLAIM OF

James A. Cargill

Co. 2 Reg't. Ind. Pa. Cav. Vols.

HISTORY OF DISABILITY.

—FILED BY—

J. W. MORRIS,

LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU,

ATTORNEY-AT-LAW,

WASHINGTON, D. C.

[3—216 a.]

Stahl Ex'r.

No. 108,100

Act of June 27, 1890.

James A. Cowgill,

P. O. New Haven,

Fayette Co., Pa.

Service: Co. "I" 2nd Ind. P. H. B. Sup

Enlisted: Aug. 16" , 1861.

Discharged: Sept. 28" , 1864

Application filed: Dec. 17" , 1891.

Alleges:

Any other Claim filed: No 1-9-92 WM

Numerical No. 769,672

Attorney: F. W. Morris.

P. O. City

FILED AUG 19 1892

Recognized. Contract.

Cert. of Dis. Searched for , 18 .

(4476—50,000.)

Feb. 13th 92 ~~Call [illegible] for A. G. record~~

MD.

~~in [illegible]~~

VA.

~~for Med Exam at [illegible]~~ Pa

W. VA.

J. C. C.

May 31/92 Atty for disease

N. C. ~~Law Div J.P.~~

S. C.

FLA.

GA.

ALA.

MISS.

LA.

TEX.

KY.

TENN.

MO.

ARK.

D. C.

U.S.C.T.

No. ....

Act of June 27, 1890.

Declaration for Invalid Pension.

State of Pennsylvania County of Fayette ss:

ON THIS 1 day of Dec A. D. one thousand eight hundred and ninety

before me, a Justice of the Peace, in and for the County

and State aforesaid, personally appeared James A. Cowgill

aged 57 years, a resident of New Haven, county of Fayette

State of Penn'a, who being duly sworn according to law, declares that he is the

identical James A. Cowgill who was enrolled on the 16

day of Aug, 1861, as Pvt. in Co G, 2d Reg't Md. P. H. D. Vols.,

Here state rank, company and regiment, if in the Military service, or vessel, if in the Navy.

in the service of the United States during the war of the rebellion, and served at least ninety days, and was

honorably discharged at or near Cumberland

in the State of Maryland, on the 28 day of Sept, 1864

That he is (Partially or totally.) unable to earn a support by reason of Rheumatism

Here state the name and nature of every disease,

disease of heart and kidneys and

and describe every wound and injury that causes the disability, no matter whether incurred in the service or not.

piles Catarrh in the head

That said disabilities are not due to vicious habits, and are to the best of his knowledge and belief permanent.

That he has not been employed in the U. S. military or naval service otherwise than as stated above

(If in other service, here state in what organization, and when it began and ended.)

That he has not been in the military or naval service of the United States since the day of 18

That he has ——— received ——— ~~applied for~~ a pension Ctf. 809 705

If now pensioned, state your rate, number of certificate, and disability

mentioned in it. If you have applied, but not received pension, state when and for what disability, and give number of claim.

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of June 27, 1890. at a higher rate

He hereby appoints **J. W. MORRIS, of Washington, D. C.**, his true and lawful attorney to prosecute his claim. That his post-office address is New Haven

county of , State of Penn.

John F. Wilson

James A. Cowgill
(Signature of Claimant.)

Two witnesses who can write must sign here.

Also personally appeared James Donegild, residing at Fairhaven and ____, residing at ____, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw ____, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for ____ years and ____ years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

____ ____

If either witness sign by mark, two persons who can write sign here. [Signature of two witnesses.]

Sworn to and subscribed before me this 1 day of Dec A. D. 1892

I hereby certify that the contents of the foregoing declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words ____ erased, and the words ____ added, and that I have no interest, in said claim, either direct or indirect.

[L. S.]

W. L. Burgess
(Signature.)

Justice of the Peace
(Offical Character.)

NOTE. This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

21

Original No. ____
Certificate No. 219,708

INVALID

APPLICATION FOR PENSION.

ACT OF JUNE 27, 1890.

James A. Longue
Co. G, 2 Reg't.
Md. Vols.

Address ____

Monte examination at Greenbrough.

FILED BY

J. W. MORRIS,
[Late Principal Examiner U. S. Pension Office,
Attorney at Law,
WASHINGTON, D. C.

(3—145 b.) Act of June 27, 1890.

Increase INVALID PENSION. A. T. Pending

Claimant, James A. Cowgill C. C. 809,705

P. O., New Haven,
County, Fayette,
State, Pa.

Rank, Sgt
Company, G.
Regiment, 2 P.H.B. Md. Vol. Inf. 14/8/95 HE

Rate, $ ..... per month, commencing .....

Disabled by .....

RECOGNIZED ATTORNEY:

Name, J. N. Morris,
P. O., City.

Fee $ 2.— , ... Agent to pay.
Articles filed ..... , 189...

APPROVALS:

Submitted for action, Aug 14, 1895
Approved for rheumatism and disease of heart, old, and disease of kidneys, piles and catarrh, all alleged Dec. 5th 1892.

Aug. 31st, 1895, H. C. Knight, Legal Reviewer.

A. Campbell, Examiner.
Approved for Rheumatism and disease of heart & c. No increase. Present rate ~~no total disability~~ No other disability of pensionable rate

Sept. 5, 1895 Thos. Henderson, Medical Referee.

Enlisted Aug 16, 1861. Honorably discharged Sept 28, 1864 Last paid to ....., at $ 6.—, for Rheumatism and disease of heart.

No Pension under other laws at $ ....., for .....

..... ended .....

Original declaration, act June 27, 1890, filed Dec 17, 1891; alleged Rheumatism and Kidney affection,
In affidavit filed July 6, 1892, alleged lumbago and heart disease,

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed Dec 5, 1892, alleges Rheumatism, disease of heart and kidneys, piles and catarrh in head.

No M. C.

Circles,

Under Act June 27, 1890.

(3-417.)

INCREASE.

Claim to .....

No. 809.705

James A Cowgill

P. O., New Haven.

County, Fayette.

State, Pa.

Application filed, Dec 5, 1892

State Service, ...

G 2 Md P A V B Inf.

Oct 2/95 Atty & claimant notified of rejection &c

Disability, ...

Attorney, J. W. Morris.

P. O., City.

County, ..., State, ...

(Order 10 — 100 M.)

NOT FILED.

M A V B.

Declaration for an Original Invalid Pension.

State of Pennsylvania, County of Fayette, ss:

ON THIS 30 day of January A. D. one thousand eight hundred and ninety three personally appeared before me a Justice of the Peace in and for, a Court of Record within and for the County and State aforesaid, James A. Cowgill who, being sworn according to law, declares that he is the identical Person who was enrolled on the 16 day of July 18 61 in Company G of the 2 regiment of Md P. H. B. Md and discharged at Cumberland on the 28 day of Sept 18 64

That his present personal description is as follows: Age 57 years; height 5 feet, 8½ inches; complexion Dark, hair light, eyes Gray. That while a member of the organization aforesaid, in the service and line of duty, at or near Springfield in the State of W Va on or about the day of Feby 18 62, he incurred Rheumatism and disease heart and catarrh

(Here state the name and nature of the disease, or location of the wound or injury for which pension is claimed. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received)

of head and suffers therefrom ever since

That he was treated in hospitals as follows: at Cumberland about March 1 1862 until about June 10 1862 I do not Remember

(Here state the names or numbers, and the locality of all hospitals in which treated, and as nearly as possible, the dates of arrival and departure from each)

Number or Name of Hospital

That he has not been employed in the U. S. military or naval service otherwise than as stated above

(If in other service, here state in what organization, and when it began and ended.)

That he has not been in the military or naval service of the United States since the 28 day of Sept 1864

That since leaving the service he has resided in the of and State of West Va & Penn a, and his occupation has been that of Conductor & Brakeman

That prior to entering the service above named he was sound and in good health, being when enrolled a Miller by Occupation That he is now partially disabled from obtaining subsistence by manual labor by reason of the cause above stated, received in the service of the United States, and therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States. He hereby appoints, with full power of substitution and revocation,

J. W. MORRIS, OF WASHINGTON, D. C.

his true and lawful attorney to prosecute said claim. That he has ~~applied for~~ received a pension. Under Act June 27 90

That his place of residence is New Haven Penn

and post-office address is

Thomas Barnes

Francis Robinson

(Two persons who can write sign here.)

James A Cowgill

[Signature of Claimant.]

Also personally appeared Thos Barnes, residing at New Haven Penn[a], and Frank Robinson residing at New Haven Pa

persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw James A Dawgill

the claimant, with whom they are well acquainted, and whom they fully identify as being the person represented, sign the foregoing application for pension; and that they have no interest in said claim.

Thomas Barnes

Frank Robinson

(If either witness sign by mark, two persons who can write must sign here) (Signature of witnesses.)

Sworn to and subscribed before me this 20 day of Jany A. D. 18 92.

I hereby certify that the contents of the foregoing declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words _____ erased, and the words _____ added, and that I have no interest, in said claim, either direct or indirect.

[L. S.]

W. H. Berger
(Signature.)

Justice of the Peace
(Official Character.)

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

INVALID.

APPLICATION FOR PENSION.

ORIGINAL.

Jas A Dawgill

Co. G, 2 Reg't. Vols.

Enlisted _____ 18__

Discharged _____ 18__

FILED BY

J. W. MORRIS,

(Late Principal Examiner U.S. Pension Office)

Attorney at Law,

WASHINGTON, D. C.

Physician's Affidavit.

PENSION OFFICE FEB 17 1898 D

Board of Revision SEP 11 1894

State of Pennsylvania, County of Fayette ss:

In the Pension Claim of James A Cowgill

late of G 2 Md P H

Company and Regiment of service, If in the Army; or Vessel and Rank, If in the Navy.

Personally came before me, a Justice of the peace, in and for the County and State aforesaid, Doctor G W Gallagher whose Residence and Post Office address is New Haven Pa well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to the aforesaid case as follows:

That he is a Practicing Physician, and has been acquainted with said soldier about one years, and that after examining the applicant, I find

Affiant should here fully describe the nature and present condition of the claimant's disability.

him suffering from valvular disease of the heart - and chronic Rheumatism - The Rheumatism is diffused or general, the most troublesome being that of the Lumbar muscles - (Lumbago).

The patient has been off duty now for more than a week on account of Rheumatism -

I should rate his disability from following his usual occupation as 1/4 or more -

He further declares that he has been a practitioner of medicine 4 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

G. W. Gallaghan Asst Surg
Affiant sign here, giving rank and service, if in the army or navy.

Sworn to and subscribed before me, this 24 day of Jaury, A. D. 18 93 and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents were fully made known to him before swearing, including the words ..... erased, and the words ..... added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Wm. C. Bunger
Official Signature.

Justice of the Peace
Official Character.

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

No. 819,712

PENSION CLAIM OF

Samuel A. Longsdale

Co. D, 2 Reg't. Md. P. H. Guards Vols.

AFFIDAVIT OF

Doctor .....

Present Degree of Disability.

—FILED BY—

J. W. MORRIS,

LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU,

ATTORNEY-AT-LAW,

WASHINGTON, D. C.

3–355

Cert No. 809705

Original INVALID PENSION.

to

Class, { Army, / Navy,

Claimant, James A Cosgill

P. O.,

Rank, Private

Service Co G 2nd P.H.B. Maryland L

Rate, $ per month, commencing

Pensioned for

Attorney,

P. O.,

Fee, $; agent to pay.

Articles filed , 1

Submitted , 191 , for

, Examiner.

Approved for

, 191 ,
Reviewer.

, 191 ,
Rereviewer.

Approved for

, ,
Medical Examiner. Medical Reviewer.

, 191 ,
Medical Referee.

Pensioned at $ per month for

Enlisted , 1

Discharged , 1

Other service from , 1 to , 1

in

not in service since , 1

PRESENT CLAIM.

Declaration filed Feb 1, 1893

Claimant does write. 6–1681 , M. C.

Affidavit.

PENSION OFFICE FEB 17 1893

Board of Review SEP 11 1894

State of Pennsylvania, County of Fayette ss:

In the Claim of Jas A Cowgill
Co G 2 md P.V.V.

ON THIS 20 day of January, A. D. 1893

before me, a Justice of the Peace, in and for the aforesaid County,

duly authorized to administer oaths, personally appeared Hugh Cameron

aged 63 years, a resident of New Haven P.O., in the County of

Fayette, and State of Penna, whose Post Office address is

New Haven P.O. and Smith Dawson

aged 64 years, a resident of New Haven, in the County of

Fayette, and State of Pa, whose Post Office address is

New Haven Pa, well known to me to be respectable

and entitled to credit, and who being duly sworn, declare in relation to aforesaid case as follows:

Affiants should here state all the facts material to the case known to them, and how their knowledge thereof has been obtained.

We know James A Cowgill have been Complaining frequently from Rheumatism Catarrh in the Head & that he had to Law & from his work at various time and that is Partially Disabled from Performing Manual Labor

We further declare that we have no interest in said claim, and are not concerned in its prosecution.

Hugh Cameron

Smith Dawson

If affiants sign by mark, two persons who can write must sign here.

Signature of affiants.

Sworn to and subscribed before me this 20 day of January, A. D. 1893.

I certify that said affiants are credible persons, and that I read the foregoing affidavit to them before swearing thereto, including the words ..... erased, and the words ..... added; and that I am not interested in said claim.

[L. S.]

W. W. Rogers
Signature.

Notice of Expense
Official Character.

Ctf. No. 509,713

CLAIM OF

Jemima A. Courgill

Co. D, 2d " Reg't.

Md. C. S. Cav.

AFFIDAVIT OF

RELATIVE TO

—FILED BY—

J. W. MORRIS,

LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU,

ATTORNEY-AT-LAW,

WASHINGTON, D. C.

NOV 6 928148 1893

H. M. Div.
Southern Division.

(3—161.—aa.)

DIVISION.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Nov 4, 1893.

Respectfully returned to the officer in charge of the Record and Pension Office, War Department, requesting a full military and medical history ..... (Descriptive list.) ..... of the soldier.

Please examine all records likely to afford any information as to diseases, wounds, or injuries incurred by him while in the service.

Inv ct 809,705.
Claim No. .....

Name James A. Cavgill, Pvt.

Co. G, 2", Regt. Md Inft. C. S. A.

Henry A. Bell.
Acting Commissioner.

12088—100,000. 6-843

no other report on file

☞ Address: "Chief of the Record and Pension Office, War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

James A. Cowgill

Co. G, 2 Reg't P.H.B. Md. Inf.

was enrolled Aug. 16, 186 1.

and M.O. Sep. 28, 186 4.

The medical records show him treated as follows

No record found

From Enr, 186 , to M.O., 186 ,

he held the rank of Pvt.

and during that period the rolls show him present ~~except as follows~~

Write nothing to the left of this line.

BY AUTHORITY OF THE SECRETARY OF WAR:

F. C. Ainsworth

Colonel, U. S. Army, Chief of Office.

Per K.

Washington, D. C., NOV 6 1893

(COMMISSIONER OF PENSIONS.)

(280)

PENSION OFFICE U.S. 1893

(3—11½.)

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Increase [State above whether for original, increase, or restoration.] Pension Claim No. 809706

Name and rank of claimant.

James A Corgill, Rank, Private

Company G, 2nd Reg't Md. 4th Brigade Md Vol. Connellsville Pa [Post-office address of the Board.] State,

Claimant's post-office address.

New Haven Pa [Date of examination.] April 25th, 1894

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: Rheumatism, Catarrh of head.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of _____ dollars per month

He makes the following statement upon which he bases his claim for Increase [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

Heart disease, Piles and Kidney trouble.

Upon examination we find the following objective conditions: Pulse rate, 72 80 92; respiration, 18; temperature, 98.6; height, 5 feet 7 inches; weight, 146 pounds; age, 53 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits, the opinion of the board must be stated. When not due to such habits this fact must be stated.

Exam of his Rheumatism reveals the following: 1st attack in 1862 "Has joints implicated at that time but muscular trouble was the thing complained of at that time" pore all over" is the only he could recall. Lay in the hospital at that time with Measles, Mumps and Rheumatism. Since then he has had the Rheumatism off & on sometimes lays up for two & three weeks at a time. At the last attack 6 months back it attacked the right knee when it became swollen this was the first time the joint became implicated, and then he had fever for the first time. Urine exam, shows it to be normal. No loss of motion in any joints. No hypertrophy & no atrophy. No trouble with tendons and muscles contraction: Head of shoulder circum. over acromion 14 inch over deltoid insertion 10 inch both Elbow joints 9 inch each Wrists 6 inch each. No stiffness of any finger. No loss of motion in any of these joints. Thighs of the lower limbs: thigh far off 22 inch in both hips middle of thigh 16 inch both. Knee over patella 12 inch calf 12 inch both. Exam of his heart apex impulse not plainly visible upon palpation. He is, in our opinion, entitled to a _____ rating for the disability caused by _____, for that caused by _____, and _____ for that caused by _____

Rate for EACH cause of disability.

J. C. McClenathen, Pres. E. R. Brady, Sec'y. J. F. Hockenberry, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(9480—200,000.) 6—552

Continue record of examination here.

the apex beat is found in normal position. No murmurs or irregular action. No hypertrophy or dilatation. Pulses normal. No cyanosis. No dyspnoea or wheezing of chest face or eyelids. Slight Nasal catarrh. No Pharyngeal Catarrh. Exam. of Genito Urinary organs negative. No external piles. Speculum & finger examination of rectum. Sphincter ani & normal condition throughout the rectum. Except as above all organs normal.

SURGEON'S CERTIFICATE

IN CASE OF

Thomas D. Lynch

Co. G. 12th Regt. P.N.G.

Applicant for Pension

No. 804,405

DATE OF EXAMINATION:

April 25th, 1894

[illegible], Pres.,
E. P. Bailey, Sec'y,
[illegible], Treas.,
BOARD.

Post office, Connellsville

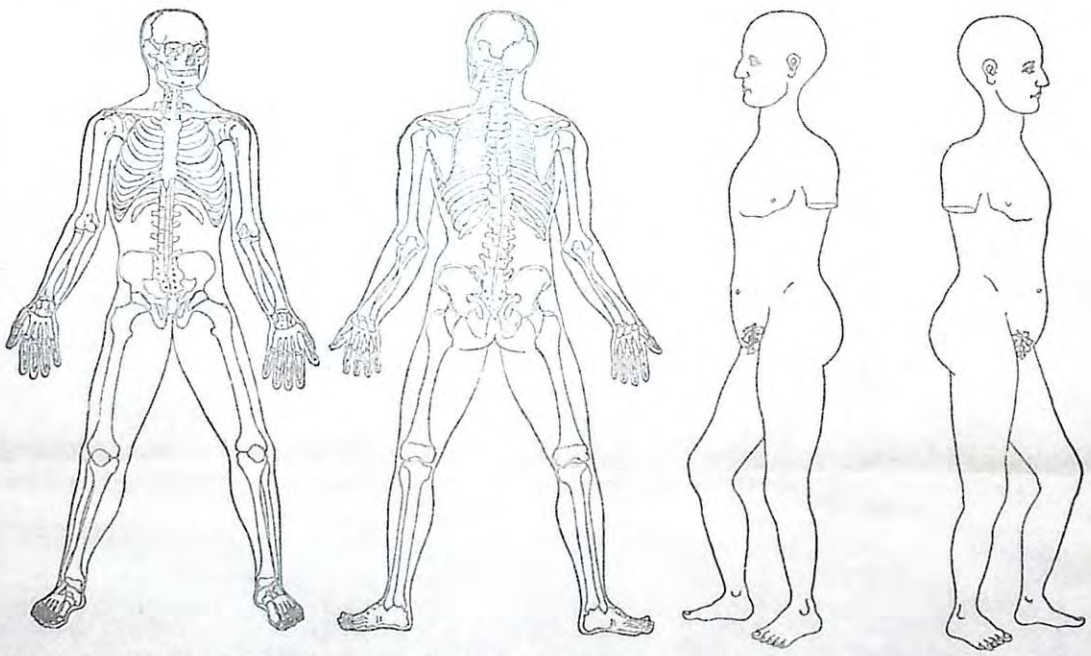
County, Fayette

State, Pennsylvania

P. S.—Write your Post-office address plainly and in full.

Board of Examiners
APR 24 1894

U.S. PENSION OFFICE
MAY 8 1894



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

3—146 b.

LAW: .....

Reissue to .....

Claimant, James A. Cowgill

P. O., ...

County, ...

State, ...

Rank, Pvt

Company, G

Regiment, 2 Md P.H.B. Md Vol Inf

Rate, $ ..... per month, commencing .....

ACT OF JUNE 27, 1890.

Revision under Departmental Decision of May 27, 1893, and Office Orders (No. 225) of June 9, 1893, and (No. 240) of August 26, 1893.

Respectfully referred to the Medical Referee for his opinion whether, under the above decisions, the pensioner is entitled to his present rate of $.....?

(Call attention to any pending claim for increase, former pension and rate under another law, or other essential fact.)

....., 189.... ....., *Reviewer.* ....., 189.... ....., *Medical Referee.*

NOTE.—If the present rate is continued on the above action, cut off the remainder of this blank at this point.

Reference for Notice of Reissue under another Law, Reduction, or Dropping.

Respectfully referred to the Chief of the Notification Section for legal notice to the pensioner that his pension under the above act will be.....

in accordance with the above opinion of the Medical Division .....
(If action is solely upon conclusive legal grounds, erase this clause and state legal grounds.)

....., 189.... ....., *Reviewer.*

Final Medical Action after Legal Notice and Hearing.

Upon all the evidence now filed in the case the medical action taken July 18, 1894, should be changed to continuance at $6.00

Newell - March 12, 1895 Med Examiner, *Medical Referee.*

Final Legal Action after Notice and Hearing.

Respectfully referred to the Chief of the ..... Legal notice and hearing having been given the pensioner, the decision to ..... the pension ..... in accordance with the ..... action of ....., 189.., is .....

....., 189.... ....., *Reviewer.*

NOTE.—If after notification the action is to continue Board of Revision will send case to proper files; if to drop Finance Division will do so; if to reissue under another law or reduce, Board of Revision will forward to Board of Review.

ACTION OF BOARD OF REVIEW.

Approved for.....

....., 189.... ....., *Reviewer.*

(3—111 c.)

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Revision Pension Claim No. 809705

[State above whether for Original, Increase, or Restoration.]

Name and rank of claimant.

Jas A. Cowgill, Rank, Pvt

Company G, 2 Reg't Md V. Inf Greensburg Pa State,

[Post-office address of the Board.]

Claimant's post-office address.

New Haven Pa Feby 13 1895.

[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: Rheumatism and disease of heart also disease of Kidneys.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of Six dollars per month.

He makes the following statement upon which he bases his claim for Revision

[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

Rheumatism of the muscles all over the body - Soreness & pain. Have palpitation of the heart & shortness of breath. Pain over Kidneys - urine increased in quantity. Occupation flagman on rail road.

Upon examination we find the following objective conditions: Pulse rate, 100; respiration, 22; temperature, 784/5; height, 5 feet 6 1/2 inches; weight, 150 pounds; age, 34 years. Severe stiffness in both shoulders & Elbows severe tenderness over all muscles of back Thighs & Chest which are soft & flabby no enlargement of joints nor contraction of tendons. severe stiffness of both hips knees and ankles. Pulse rate & standing 120 after light exercise 132 - Apex beat 1 in below Nipple contraction feeble. no lifting power. no increase in area of dullness. Sounds muffled and run into each other & dreamy rythm no murmurs. Heart is feeble irritable & probably dilated heart. Pulmus & bronchi soft. Tongue coated red at edges fissured. Skin pale & anaemic poorly nourished. Can touch floor by 13 in. without bending the knees, Has lost - cannot pile 1/2 in. in drawer. Can bring one internal pile into view 4 in. no drawer. Urine supposed to contain neglected not elevated nor bleeding no evidence of special dis. nor vicious habits Urine - Specific Grav. 1025 - Reaction acid no albumen by heat & acid - no Sugar Morris Test

Here give a full description of the disabilities, in accordance with Book of Instructions.

The actual and probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

H. L. Donnelly Pres. H. L. Marsh, Sec'y. Samuel Offutt Preas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not

(319—20,000.) 6—89)

Continue record of examination here.

1

SURGEON'S CERTIFICATE

IN CASE OF

Jas. N. Courville

Co. G, 2 Reg't Mo. U. S. Inf.

Applicant for Pension

No. 807706

DATE OF EXAMINATION:

Feby 13", 1895.

E. E. Dimmell, Pres.,
H. L. Wardell, Sec'y,
Samuel Offutt, Treas.,
} BOARD.

Post office, Greenville

County, Montgomery

State, Penna.

P. S.—Write your Post-office address plainly and in full.

Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

J. W. NESBIT
U. S. Pension Agent
PITTSBURGH, PA.

3—402.

ACT JUNE 27, 1890

Certificate No. 809,705.

Name, James A. Cowgill.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

H. Clay Evans

Commissioner of Pensions.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. Yes Maggie E Cowgill, Maggie E Gramlich,

Second. When, where, and by whom were you married?

Answer. 19 June 1882, Martinsburg W. Va. Wm. Gerhart Minister,

Third. What record of marriage exists?

Answer. Marriage Certificate from Rev. Wm Gerhart,

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer. No.

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. Yes, James A. Cowgill Nov. 4 1883, Rebecca M. May 13 1886, Geo. B. Oct 25, 1887, Maggie C. March 17, 1889,

James A Cowgill
(Signature.)

Date of reply, July 1, 1898.

0-8

5301b750m1-98

Act of June 27, 1890.

Declaration for Invalid Pension.

State of Pennsylvania County of Fayette ss:

ON THIS 30 day of January, A. D. one thousand eight hundred ~~and ninety~~ nine

before me, a Justice of the Peace in and for the County and State aforesaid, personally appeared James A. Cowgill

aged 58 years, a resident of Perryhaven, county of Fayette State of Pennsylvania, who being duly sworn according to law, declares that he is the identical James A Cowgill who was enrolled on the 16 day of August, 1861, as Private in Co "D," 2 Reg't Md. P.H.B. Vols.,
Here state rank, company and regiment, if in the Military service, or vessel, if in the Navy.

in the service of the United States during the war of the rebellion, and served at least ninety days, and was honorably discharged at or near Cumberland in the State of Maryland, on the 28 day of September, 1864.

That he is partially, unable to earn a support by reason of Rheumatism
(Partially or totally.) Here state the name and nature of every disease,

disease of heart, catarrh of head, disease of kidneys, piles, & lumbago and others.
and describe every wound and injury that causes the disability, no matter whether incurred in the service or not.

That said disabilities are not due to vicious habits, and are to the best of his knowledge and belief permanent.

That he has not been employed in the U. S. military or naval service otherwise than as stated above

(If in other service, here state in what organization, and when it began and ended.)

That he has not been in the military or naval service of the United States since the 28 day of Sept 1864

That he has received ~~applied for~~ a pension Ctf. 809705
If now pensioned, state your rate, number of certificate, and disability

Rheumatism disease of the heart.
mentioned in it. If you have applied, but not received pension, state when and for what disability, and give number of claim.

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of June 27, 1890. at a higher rate.

He hereby appoints J. W. MORRIS, of Washington, D. C., his attorney to prosecute his claim with power of substitution. That his post-office address is Perryhaven, County of Fayette, State of Pennsylvania

Davies Carpen

Robert M. Smith
Two witnesses who can write, must sign here.

James A Cowgill
Signature of Claimant.

ATTY FILED

PENSION OFFICE U. S. FEB 2 1900

Also personally appeared David Carson, residing at New Lawrence Pa. and Robert M. Smith residing at New Lawrence Pa, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw James A Caugill, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 12 or 15 years and 12 years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

David Carson

Robert M Smith

If either witness sign by mark, two persons who can write sign here. [Signature of two witnesses.]

Sworn to and subscribed before me this 30 day of Jan. A. D. 1900

I hereby certify that the contents of the foregoing declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words _____ erased, and the words _____ added, and that I have no interest, in said claim, either direct or indirect.

Certificate on file in cover of execution. Record Division

William A Benyer
(Signature.)

Justice of the Peace
(Official Character.)

[L. S.]

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Original No. 609,716

Certificate No.

INVALID

APPLICATION FOR PENSION.

ACT OF JUNE 27, 1890.

James A Caugill

Co. 2nd Reg't Ind Cav Vols

Address

FILED BY

J. W. MORRIS,

[Late Principal Examiner U. S. Pension Office.]

Attorney at Law,

WASHINGTON, D. C.

3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Pension Claim No. 809706

Name of claimant.

James A Cowgill

Rank. Pvt Company G 7 Reg't P.H.C. Mich

Claimant's post-office address.

Address of Board. Mt Pleasant P. O. Isabella State.

[Date of examination.] June 20, 1892

Cause of disability.

Rheumatism. Dis of heart. Catarrh of head Dis of kidneys. piles. Lumbago and asthma

. He receives a pension of 6 00 dollars per month.

He makes the following statement upon which he bases his claim for Inc [Original, increase, restoration, etc.]

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.

Rheumatism and asthma Are growing worse

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, which should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, [Sitting, standing, after exercise.] 88 88 96, respiration, [Sitting, standing, after exercise.] 20 20 22, temperature, 98.6, height, 5 feet 6 inches; actual weight, 167 pounds; age, 59 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Rheumatism- Shoulders limited loss of motion 1/8 in each hips limited loss of motion 1/8 in each knees limited, Wrist loss of motion 1/8 in each, all other joint muscles and tendons normal.

Heart- Area dullness perceptible on inspection 2 inches below and 1/2 in & right of left nipple. dull from mid sternum to nipple. Regular no murmurs no edema or cyanosis, dyspnea on slight exertion, no hypertrophy or dilatation.

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

catarrh of head. has chronic naso-pharyngeal catarrh hypertrophic in character. Fauces and nasal Eustachian membranes inflamed. Eustachian tubes patent, no deposit in hearing.

Each disability must be rated separately, the act of Congress of March 2, 1883, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

dis of kidneys- Sp gr 1020 no albumen no sugar. no casts or ammunition of quantity of urine no evidence of dis of kidneys

Piles. no piles present, no fissure fistulae or prolapse, no evidence of piles-

Lumbago- stoops to floor with difficulty. Lumbar muscles tender and stiff

Asthma. Chest measure 34 inches on expiration chest measure 37 inches on forced inspiration percussion sounds normal over both lungs. Auscultation normal. Has a quite cough. History of bronchial asthma. All other organs normal. no vicious habits He is in our opinion entitled 1/8 rating for rheumatism. 1/8 rating for catarrh of head 1/8 rating for lumbago 1/8 rating for asthma No rating for dis of heart kidneys or piles

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Jordon, Pres. J. H. Batton, Sec'y. J. F. Hollister, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3—111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—502

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. J. W. Jordan, Dr. J. H. Bartlow, and Dr. J. F. Wolbert, were personally present and actually participated in the examination of James H. Cowgill, the claimant in this case, on 20 day of June, 1900."

(*Signature.*) J. H. Bartlow

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, ..., the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. ..... and Dr. ....., the examining surgeons here present (waiving examination by full board), on this ..... day of ....., 18 ."

(*Signature.*) .....

SURGEON'S CERTIFICATE

IN CASE OF

James H. Cowgill

Co. G, 2 Reg't P. H. D. Md.

APPLICANT FOR Inc

No. 869705

DATE OF EXAMINATION: June 20, 1900

J. W. Jordan, Pres., J. H. Bartlow, Sec'y, J. F. Wolbert, Treas., BOARD.

Post office, ...

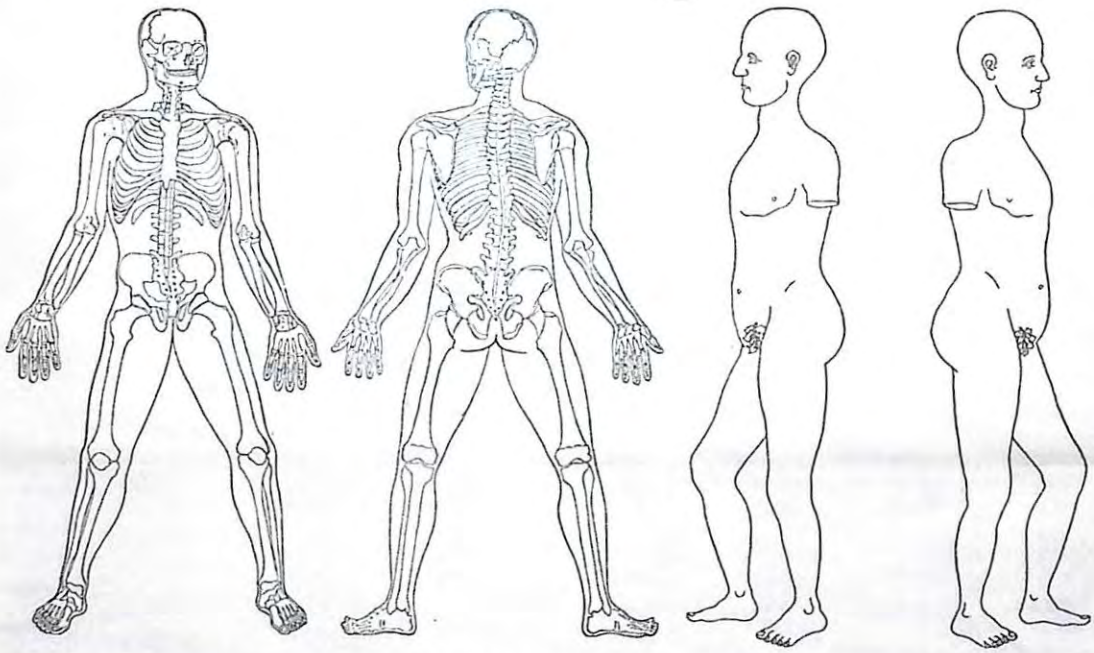
County, ...

State, ...

P. S.—Write your Post-office address plainly and in full.

PENSION BUREAU JUL 3 1900 RECEIVED

U. S. PENSION JUN 27 1900



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—552

3—357.
(Old No. 3—145 b.)

Cert. 809,705.

ACT JUNE 27, 1890.

Increase **INVALID PENSION.**

Claimant, James A. Cowgill

P. O. New haven,

County Fayette,

State Pennsylvania

Rank Private

Company G

Regiment 2 P. H. B. Md. Vol. Inf.

Rate, $ ..... per month, commencing .....

Pensioned for ..... inability to earn a support by manual labor

SOUTHERN.

RECOGNIZED ATTORNEY. May 1/1901

Name J. W. Morris

P. O. Washington, D. C.

Fee, $ 10.—

Agent to pay.

APPROVALS

Submitted for Admission April 10 1901 Neuburger, Examiner.

Approved for Rheumatism & disease of head (old) Catarrh of head, disease of kidneys, piles, lumbago & asthma (recs.) alleged Feb. 2, 1900

Approved for Examination and disease of heart

Aggregate of disabilities shown, permanent in character: $ 6

Pronounced

Apl 12, 1901 W. D. C. Gillis
Legal Reviewer.

; 190 ,
Re-Reviewer.

Duncan
Medical Examiner.

J. Mead
Medical Reviewer.

Apr 16, 1901 Julian Clark
Medical Referee.

Enlisted August 16, 1861; honorably discharged September 28, 1864

Enlisted ....., 186...; honorably discharged ....., 186...

Pensioned at $ 6.— per month. Last paid to .....

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed February 2, 1900, alleges Increase of pensioned disabilities, and catarrh of head, disease of kidneys, piles, lumbago, and asthma.

Claimant does —— write.
Certificate not filed.

No., M. C.

17109b25m1-01

0-1

Under Act of June 27, 1890.

(3–217a.)

INCREASE.

Claim to .....

No. 809,705

James M. Emmitt

P. O., New Haven

County, Fayette

State, Ohio

Application filed Feb. 2, 1901

State Service, Co. D. 2 O. H. V.

Mex. War.

June 11, 1900 Rate Increase

Fayette to Pa Morris Adv

A. W. 1 add

March 27, 1901, A. G. ret. L. 7, 56 to 11.

Disability, ...

Attorney, J. W. Morris

P. O., City

County, ..., *State,* .....

Attorney's Fee Filed.

(186–100m.)

RECORD & PENSION OFFICE
MAR 29 1901
2028386
WAR DEPARTMENT

3-464 aa.

Bowler Div., L. M., Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. March 27, 1901.

Respectfully referred to the Chief of the Record and Pension Office, War Department, requesting a full military and medical history of the soldier and his age at date of enlistment.

SOUTH D
MAR 29 1901
RECEIVED

No other report on file.

Issue of 1864 No. 309,705

Name, James A. Cowgill

Co. G, 2d Reg't P.H.B. Md. Vol. Inf.

M. Clay Evans
Commissioner.

9-4

Address: "Chief of the Record and Pension Office, War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT,

Washington, MAR 28 1901

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of

James A. Cowgill,
Co. G. 2 P.H.B. Md. Inf.,
Mil. records furnish nothing in addition to reports hereon, except that Co. M.O. Roll shows: Age 20 yrs.

The medical records show him treated as follows

No record found.

PENSION OFFICE U. S. MAR 28 1901

BY AUTHORITY OF THE SECRETARY OF WAR:

P. C. Ainsworth
Per M. *Chief, Record and Pension Office.*

(324-2)

3—357.
(Old No. 3—145 b.)

Cert. 809705

ACT JUNE 27, 1890.

can 809705 Pitts.

Increase of INVALID PENSION.

Claimant, James A Cowgill

P. O. New Haven

County Fayette

State Pennsylvania

Rank Private

Company G

Regiment 2 PA H B Md Vol Inf

Rate, $ 8.- per month, commencing November 27. 1901.

8 18 7

Pensioned for Partial inability to earn a support by manual labor

SOUTHERN.

RECOGNIZED ATTORNEY.

Name J. W. Morris

P. O. Washington, DC

Fee, $ 200

Agent to pay.

APPROVALS.

Submitted for adm May 7, 1902 R B Roberts, Examiner.

Approved for rheumatism and disease of heart (Adl) and piles and asthma (New) alleged July 19. 1901.

Approved for rheumatism, disease of heart and piles

Aggregate of disabilities shown, permanent in character: $ 8.00 from November 27, 1901

May 9, 1902. O M Wratt, Legal Reviewer.

Byrne, Medical Examiner.

Finley, Medical Reviewer.

, 190 , Re-Reviewer.

May 14, 1902. [illegible], Medical Referee.

Enlisted August 16, 1861; honorably discharged September 28, 1864

Enlisted , 186 ; honorably discharged , 186

Pensioned at $ 6.00 per month. Last paid to

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed July 19, 1901, alleges rheumatism on personal causes, also piles, asthma,

Claimant does write.
Certificate not filed.

M. C.

0-1

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Pennsylvania, County of Fayette ss:

ON THIS 15 day of July, A. D. one thousand nine hundred and one before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, personally appeared, James A. Cowgill (Claimant's name.)

late a Co. Company of the 2nd Regiment of Md. P. H. V. D. Inf. Volunteers, aged 60 years, who being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Pension Agency, at the rate of 6 dollars per month, under Pension Certificate No 809705 by reason of disability resulting from partial inability to earn a support by (Here state the disability for which you are pensioned exactly as mentioned in your Pension Certificate) manual labor.

That he believes himself entitled to an increase of pension for disability above stated, and hereby makes application therefor. under THE ACT OF MAY 9, 1900.

On account of an increased disability, and he thinks the rate of pension he is now receiving is unjustly and unreasonably low and disproportionate to the rate drawn by other pensioners for similar or equivalent disabilities.

He also claims additional pension for Piles and Asthma (If you claim additional pension for a disability not mentioned in your Pension Certificate, here describe it, and state when, where and under what circumstances the same originated.) incurred in 1897 Working for the B TO R R Co, as flagman Caused by exposure,

That said disabilities are not due to vicious habits and are to the best of his knowledge and belief permanent.

That he hereby appoints, with full power of substitution and revocation J. W. MORRIS, of Washington, D. C., his true and lawful attorney, to prosecute said claim.

His Post Office address is Newhaven County of Fayette State of Pennsylvania

A B Boyd

R M Smith

If claimant signs by mark, two persons who can write must sign here.

PENSION OFFICE, D JUL 19 1901 U. S.

James A Cowgill

Signature of Claimant

also personally appeared H. B. Boyd residing at Ruhaven Pa, and R. M. Smith, residing at Ruhaven Va, persons whom I certify to be respectable and entitled to credit, who being by me duly sworn, say that they were present and saw James A. Cowgill, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

H B Boyd
R M Smith
Signatures of witnesses.

If witnesses sign by mark, two persons who can write must sign here.

Sworn to and subscribed before me, on the day first above written; and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words _____, erased, and the words _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Certificate on file to cover date of execution.
Record Division.

Wm. C. Berger
Signature.
Justice of the Peace
Official character.

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Certificate No. 80970

INVALID.

APPLICATION FOR

INCREASE OF PENSION.

James A. Cowgill
Ky
Co. 2nd Reg't
Ind. P. H. & I. Vols.

FILED BY

J. W. MORRIS,
Attorney at Law,
WASHINGTON, D. C.

[Late Principal Examiner U. S. Pension Office.]

RECEIVED
JUL 23 1901
DIVISION

Donelson DIVISION.— S. St. & 3—449.

Corp No. 809,705

Claimant James A. Conaghill

Soldier Same

Co. "G", 2d Reg't P. St. B. Med Infty

Enlisted August 16, 1861.

Discharged September 28, 1864.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., August 21, 1901.

Mr. Andrew Dolan

Twigytown Allegany Co Md.

SIR:

To aid this Bureau in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and **return** this circular, **even though you do not remember the soldier** or that he was wounded, disabled, or diseased in the service.

The inclosed official envelope for your reply **requires no stamp.**

Very respectfully,

A. B. Clay Brandt

Commissioner.

Q. Do you remember the soldier, James A. Conaghill as a member of your company?

Ans. I cannot him well. He was a good soldier

Q. Do you remember that he suffered with any wound, injury, or disease while in the service?

Ans. I had no wound but in the last year he was much unwell

Q. If you do remember any such wound, injury, or disease, state the nature of the same, and when and where incurred.

Ans. Cant remember the nature of his ailment or how it came, but was unfit for duty under the advice of the Regimental Surgeon a number of times

(Signature:) Andrew Dolan

(Address:) Twigytown
(In cities, street and number.)
Allegany Co Md

0-1

Boulton DIVISION.— S. M. & 3—449.

Certf No. 809,705

Claimant James N. Cowgill

Soldier Same

Co. "G", 2d Reg't P.H.B. Md. Inft.

Enlisted August 16, 1861

Discharged September 28, 1864

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., August 21, 1901.

PENSION U. S. SEP 5 1901 OFFICE

Mr. Samuel J. Brant

Berlin Somerset Co Pa

SIR:

To aid this Bureau in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and **return** this circular, **even though you do not remember the soldier** or that he was wounded, disabled, or diseased in the service.

The inclosed official envelope for your reply **requires no stamp.**

Very respectfully,

H. Clay Evans

Commissioner.

Q. Do you remember the soldier, James N. Cowgill as a member of your company?

Ans. I do.

Q. Do you remember that he suffered with any wound, injury, or disease while in the service?

Ans. I distinctly remember him having the Measles

Q. If you do remember any such wound, injury, or disease, state the nature of the same, and when and where incurred.

Ans. He took the Measles near Oldtown Md - near the later part of 1861 - or early in 1862. He was sent to the Hospital in Cumberland Md. I visited him once while he was in the Hospital. where he remained during the winter. It was thought at one time he might lose his sight

(Signature:) Samuel J Brant

(Address:) Berlin. Pa —

(In cities, street and number.)

0-1

Southern DIVISION.— S. M. & — 3—449.

Cert. No. 809705

Claimant James A. Cowgill

Soldier Same

Co. "G" 25 Reg't P.A.V.B. Mad Dragoons

Enlisted August 16, 1861

Discharged September 28, 1864

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., August 22, 1901.

Mr. Henry Brownbell

Soldiers Home - Marshalltown Iowa

SIR:

To aid this Bureau in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and **return** this circular, **even though you do not remember the soldier** or that he was wounded, disabled, or diseased in the service.

The inclosed official envelope for your reply **requires no stamp.**

Very respectfully,

W. Clay Evans

Commissioner.

PENSION BUREAU AUG 26 1901 U. S.

Q. Do you remember the soldier, James A. Cowgill as a member of your company?

Ans. yes Sir

Q. Do you remember that he suffered with any wound, injury, or disease while in the service?

Ans. no Sir

Q. If you do remember any such wound, injury, or disease, state the nature of the same, and when and where incurred.

Ans. i dont

(Signature:) Henry Brownbell

(Address:) Soldiers Home

(In cities, street and number.)

Soldiers Home Iowa

0-1

Southern DIVISION. — S.S.A.E. 3—449.

Cert. No. 809.705

Claimant James N. Cowgill

Soldier Same

Co. "G" 2d Reg't P.M.R. Med Duffy.

Enlisted August 16, 1861

Discharged September 28, 1864.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., August 21, 1901.

Mr. Eloyd Mahaney

Monotown Fayette Co Pa

SIR:

To aid this Bureau in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and **return** this circular, **even though you do not remember the soldier** or that he was wounded, disabled, or diseased in the service.

The inclosed official envelope for your reply **requires no stamp.**

Very respectfully,

A. Clay Evans

Commissioner.

PENSION OFFICE U. S. AUG 27 1901

Q. Do you remember the soldier, James N. Cowgill as a member of your company?

Ans. I do very well

Q. Do you remember that he suffered with any wound, injury, or disease while in the service?

Ans. He was not Wounded

Q. If you do remember any such wound, injury, or disease, state the nature of the same, and when and where incurred.

Ans. I have an indistinct recollection of him being Sick the nature of I do not Know.

(Signature:) Eloyd Mahaney

(Address:) Monotown

(In cities, street and number.)

Fayette Co Pa

0-1

Under Act of June 27, 1890.

(3-1639.)

(Old No. 3-217a.)

INCREASE.

Claim to .....

No. 809,795

James D. Lanagill

P. O., New Haven

County, Fayette

State, Pa.

Application filed July 19, 1907

State Service Co. F. 2nd O. H. V.

Md. Inf.

Nov. 16 1907 W. Scottdale

Westmoreland Co. Pa.;

J. W. Morris - notified.

K. 9.07

Disability, ...

Attorney, J. W. Morris

P. O., City

County, ... State, ...

(186-100m.)

Attorney Filed

3—175.
Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase — Pension Claim No. 809705

Name of claimant. James A. Cosgill

Company G 2nd Reg't P.V.V. Md Inf.

Claimant's post-office address. New Haven Pa

Address of Board. Scottdale P. O. Pennsylvania State.

November 27, 1901 [Date of examination.]

Cause of disability. Rheumatism, and disease of heart, piles and Asthma, Catarrh of head, disease of Kidneys, Lumbago

He receives a pension of six dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Contracted Rheumatism in service at Springfield Va in winter of 1862, heart trouble for past 5 years, Piles for past 5 years, asthma for 5 years, Catarrh of head prior in service, no trouble from Kidneys before lumbago

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace, Hampshire Co, W Va; age, 60 years; height, 5 ft 5 3/4 ins; weight, 153 pounds; complexion, Fair; color of eyes, Gray; color of hair, Gray; occupation, Flagman & gravel train P & W R R; permanent marks and scars other than those described below, None

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 84 88 94 [Sitting, standing, after exercise.]; respiration, 22 22 22 [Sitting, standing, after exercise.]; temperature, 98 1/2;

Here give a full description of the disabilities, in accordance with Book of Instructions. Heart, apex impulse is not evident to inspection or palpation, area of cardiac dullness extends from 1 inch to left of left nipple to 2 inches to right of left nipple, rythm regular, increased flebleness of heart's action, the sounds are not clear, there is a soft murmur at the mitral orifice systolic in time, there is dilitation, no hypertrophy, dyspnoea, ordema or cyanosis

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability should be stated. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated. Lungs and Asthma, Chest is symmetrical not bilgeon shaped, measurements at rest 38 inches, on full expiration 36 inches and on full inspiration 38 inches, no mucous or subcrepitant rales no Emphysema, no dullness on percussion, no expiratory dyspnoea or other objective evidence of asthma at this time. In Cardiac Condition would probably cause attacks of dyspnoea.

Urine, Color, straw; Sp. gr., 1020; acid reaction, no albumin and no sugar.

Rheumatism and Lumbago, no existing objective evidence of either condition in any diffe joints, muscles or tendons.

Piles, there is atonic condition of the rectum is inflamed, no bleeding or ulceration, hemorrhoidal vessels engorged, one external pile tumor 1 inch in diameter, numerous small internal pile tumors, all are sensitive.

Catarrh of head, mucous membrane of anterior and posterior nares is atrophied, muco purulent discharge of mucous membrane of pharynx, tonsils normal, both eustachian tubes patent pervious, no deafness.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor. We find the aggregate permanent disability to earn a support by manual labor is due to disease of heart, piles and muscular Ungual Catarrh, not due to vicious habits and warrants a rate of $10.00 a month

W H Fetter, Pres. C. B. Weddell, Sec'y. M. W. Howell, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (old No. 3—156, 10 p.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—552

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. W. H. Fetter, Dr. M. V. Hoover, and Dr. E. P. Riddell, were personally present and actually participated in the examination of James A. Cassgill, the claimant in this case, on 27 day of November, 1901."

(*Signature.*) E. P. Riddell

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, ..., the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. ..... and Dr. ....., the examining surgeons here present (waiving examination by full board), on this ..... day of ....., 190 ."

(*Signature.*) .....

SURGEON'S CERTIFICATE

IN CASE OF

Co. "I" Reg't. 84th Ind.

APPLICANT FOR Increase

No. 709,705

DATE OF EXAMINATION: November 27, 1901

W. H. Fetter, Pres.,
E. P. Riddell, Sec'y,
M. V. Hoover, Treas.,
} BOARD.

Post office, Portland

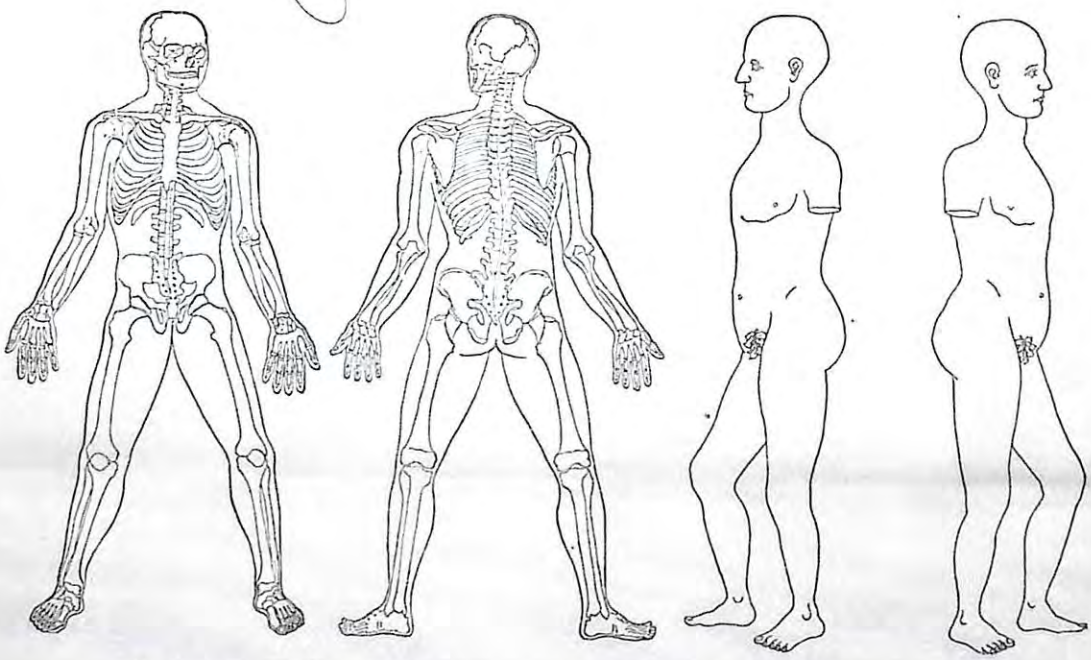
County, Jay

State, Indiana

P. S.—Write your Post-office address plainly and in full.

PENSION BUREAU NOV 29 1901 OFFICE.

SOUTH BEND, IND. DEC 10 1901 RECEIVED



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—552

3–357.
(3 No. 3–145 b.)

Cer. 809,705

ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant, James A. Cowgill

P. O. Newhaven — Rank Private

County Fayette — Company G,

State Pennsylvania — Regiment 2. P. H. B. Md Vol Inf.

Rate, $ ..... per month, commencing .....

Pensioned for ..... inability to earn a support by manual labor

SOUTHERN.

RECOGNIZED ATTORNEY.

REJECTED Sept 3 1903

Name Morris and Co. Fee, $ 2.

P. O. Washington, D. C. Agent to pay.

APPROVALS.

Submitted for action August 24 1903. Fred J. Braendle Examiner.

Approved for rheumatism, dis of heart and piles (Old) and asthma (New) alleged Mch 20 1903.

Catarrh of head formerly alleged.

Approved for rheumatism, disease of heart, "piles" and naso-pharyngeal catarrh.

Aggregate of disabilities shown, permanent in character: $ 8

no increase

Aug 24 1903. O. M. Watt Legal Reviewer.

....., 190..., Ja D Dy Re-Reviewer.

N. P. Collins Medical Examiner.

August 25 1903. Medical Reviewer.

Cooke

Medical Reviewer.

Burke

Enlisted August 16., 1861; honorably discharged September 28., 1864

Enlisted ....., 186...; honorably discharged ....., 186...

Pensioned at $ 8. per month. Last paid to .....

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed March 20., 1903 alleges increase and for asthma.

Claimant does ✓ write.

Certificate not filed.

No M. C.

9-1

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Pennsylvania, County of Fayette ss:

ON THIS 18 day of March A. D. one thousand nine hundred Three,

before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, personally appeared, James A. Cowgill
Claimant's name

late a Private In Company G of the 2 Regiment of Md P. H. C. Volunteers, aged 65 years, who being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Pittsburg Pension Agency, at the rate of 8 dollars per month, under Pension Certificate No 809,766 by reason of disability resulting from partial inability to earn a support by manual labor.
Here state the disability for which you are pensioned exactly as mentioned in your Pension Certificate

That he believes himself entitled to an increase of pension for disability above stated, and hereby makes application therefor. under THE ACT OF MAY 9, 1900.

On account of an increased disability, and he thinks the rate of pension he is now receiving is unjustly and unreasonably low and disproportionate to the rate drawn by other pensioners for similar or equivalent disabilities.

He also claims additional pension for Asthma
If you claim additional pension for a disability not mentioned in your Pension Certificate, here describe it fully and state when, where and under what circumstances the same originated.

That said disabilities are not due to vicious habits and are to the best of his knowledge and belief permanent

That he hereby appoints, with full power of substitution and revocation MORRIS & Co., of Washington, D.C., his true and lawful attorneys to prosecute said claim

His Post Office address is Newhaven County of Fayette State of Penna

J. W. Kelly
R M Smith

If claimant signs by mark, two persons who can write must sign here.

PENSION OFFICE. MAR 20 1903 U. S.

James A Cowgill
Signature of Claimant.

ATTY FILED

Also personally appeared John W Kelley residing at Newhaven, Pa., and R. W. Smith, residing at Newhaven, Pa., persons whom I certify to be respectable and entitled to credit, who, being by me duly sworn, say that they were present and saw James A. Cowgill, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

J. W. Kelly

R W Smith

Signatures of witnesses.

If witnesses sign by mark, two persons who can write must sign here.

Sworn to and subscribed before me, on the day first above written; and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words ....., erased, and the words ....., added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Record ... Warning. Sept ... 19th May ... 1903

Wm Berger

Signature.

J. Justice of the Peace.

Official character.

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character

Certificate No. 819713

INVALID.

APPLICATION FOR

INCREASE OF PENSION.

James A. Cowgill

Co. G, 2 Reg't. Md. C.V.V.B. Vol.

Act

MAR 23 1903

RECORD DIVISION MAR 28 1903

FILED BY

MORRIS & CO.,

Attorneys at Law,

614 F STREET, N. W.

WASHINGTON, D.C.

Under Act of June 27, 1890.

(3-1639.)

INCREASE.

Claim to

No. 809705

James A. Cowgill

P. O., Keyhaven

County, Fayette

State, Pa

Application filed Mar 20, 1903

Statl Service

D. 2 O. H. S. Md. Inf.

April 14 1903. Ex. at Uniontown Fayette Co. Pa.

atty Morris & Co notifies BFH

Attorney Filed.

Disability,

Attorney, Morris & Co

P. O., City

County, , State,

(186-100m.)

3—155.
Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Inv. Pension Claim No. 809705

Name of claimant. James A Cowgill

Company G 7 Reg't P.H.D. Md Vol Inf

Claimant's post-office address. New Haven Pa

Address of Board. Marion Town P. O. Penna State.

April 22, 1904 [Date of examination.]

Cause of disability. Rheumatism. Dis of heart. Piles. Rupture. Catarrh of head. dis of kidneys and lumbago. He receives a pension of $8.00 dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him:

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace, Hampshire Co Va; age, 62 years; height, 5'-6"; weight, 150 pounds; complexion, Fair; color of eyes Gray; color of hair, Brown; occupation, Railroader; permanent marks and scars other than those described below,

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 80 86 96 [Sitting, standing, after exercise.]; respiration, 20 22 22 [Sitting, standing, after exercise.]; temperature, 98-6;

Here give a full description of the disabilities, in accordance with Book of Instructions. Rheumatism. Shoulders tender and stiff with loss of function in each 1/4. Hips pain full with loss of function 1/8 in each. All other joints, muscles and tendons normal. Heart. Apex beat perceptible 1 in below nipple on mid clav. line. Dull from mid sternum to nipple line. Regular no murmurs. No added sounds.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated. Piles small (1/4") internal piles. Not ulcerated or bleeding. Rectum slightly tonguster. Hernia. At present time is no evidence of asthma. Gives history of attacks of bronchial asthma. Urine claimed to pass said [illegible] at present on forced expiration 30 in on forced inspiration 35 in.

Catarrh of head. Has slight hypertrophic naso-pharyngeal catarrh. No deafness or other complication.

Dis of kidneys. Urine shows S.G. 1018. Pale straw color. Acid. No albumin or sugar. No evidence of dis of kidneys. Sympathy lumbar muscles tender and pain full on stooping.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor. No other disability found to exist. We find that the aggregate ratable disability for earning a support by manual labor is due to Rheumatism, piles, and catarrh. Not due to vicious habits and warrants a rate of 10 per

J. F. Holbert, Pres. J. H. Patterson, Sec'y. A Brandt, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (old No. 3—156, 3—111 p.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

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An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

☞(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. _____, Dr. _____, and Dr. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 190 ."

(*Signature.*) _____

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, James A. Cowgill, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. J. H. Barton and Dr. J. F. Hallock, the examining surgeons here present (waiving examination by full board), on this 22 day of April, 1903."

Witnesses to mark. _____ _____

(*Signature of Applicant.*) James a Cowgill

SURGEON'S CERTIFICATE

IN CASE OF

James A. Cowgill

Co. F, 2 Regt't P.H.B. Ind. Inf. Ltf

APPLICANT FOR Inc.

No. 809,705

DATE OF EXAMINATION:

April 22, 1903

Pres., Board.

Sec'y.

Treas.,

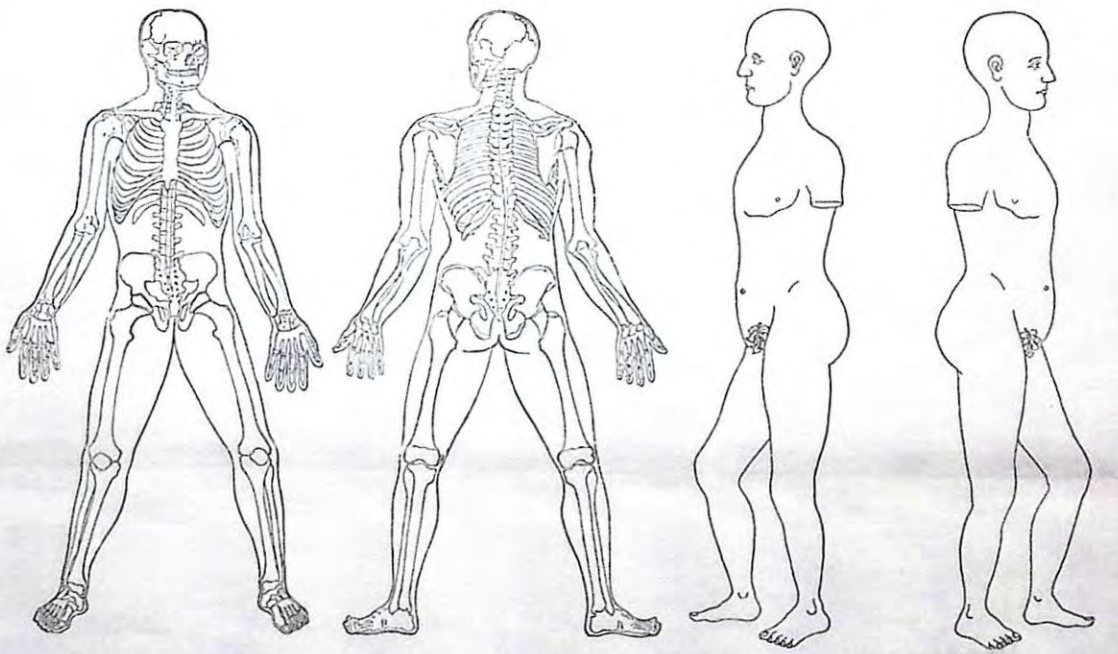
Post office, Tuscarawas

County, Fayette

State, Pa

P. S.—Write your Post-office address plainly and in full.

PENSION U. APR 29 1903



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—552

1 3—357. Cert. No. 809,705.

ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant, James A Cowgill

P. O. New Haven

County Fayette.

State Pennsylvania.

Rank Private,

Company G.

Regiment 2nd P.H.B. Md. Vol. Inf.

Rate, $ ..... per month, commencing .....

Pensioned for ..... inability to earn a support by manual labor

SOUTHERN.

RECOGNIZED ATTORNEY.

Name J. W. Morris & Co. July 12 1906 Fee, $ 2

P. O. Washington. D.C. Agent to pay.

Referred for Med & Apl 4th 1906 J Fearing Jr.

APPROVALS.

Submitted for Adm. July 5. 1906. J W Archer, Examiner.

Approved for rheumatism, disease of heart and piles. Old Deafness not alleged Aug 26 05.

Approved for rheumatism disease of heart and piles.

Aggregate of disabilities shown, permanent in character: $ 8

no increase

July 6, 1906, A. C. Benjamin, Legal Reviewer.

....., 190..., ... Re-Reviewer.

Woodson, Medical Examiner.

July 9, 1906, Pratt, Medical Reviewer.

Thos. Keating, Medical Referee.

Enlisted August 16. 1861; honorably discharged September 28. 1864.

Enlisted ....., 186...; honorably discharged ....., 186...

Pensioned at $ 8. per month. Last paid to .....

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed August 26, 1905, alleges increase and deafness.

Claimant does ✓ write.

Certificate not filed. No ..... M. C.

0-4

UNDER ACT OF JUNE 27, 1890.

(3-1639.)

INCREASE.

Cert. No. 809.705

James A Cowgill

P. O., New Haven

County, Fayette

State, Pa

Application filed Aug 26 1905

Service, 42 Pa Bd Inf

Sept. 12, 1905. Morris & Co
or medical evidence showing pre
hysical condition. Fleming.

APR 6 1906 Bd. Scottdale, Pa.

Morris & Co. writes, Jan
July 12" 1906. Claimant Cathy
Morris & Co. notified of
rejection of claim, A.T.M.

Attorney, W. Morris & Co

P. O., Uniontown

County, State,

(181 100m.)

MM

30

2 (This Blank For Use of Pensioner Under New Law Only.)

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Pennsylvania, County of Fayette ss:

ON THIS 23 day of Aug A. D. one thousand Nine Hundred Five before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, personally appeared, James A. Cowgill (Claimant's name.) late a Private in Company G. of the 2" Regiment of Md. P.H.B. Volunteers, aged 63 years, who being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Pittsburg Pension Agency, at the rate of 8 dollars per month, under Pension Certificate No 809705 by reason of disability resulting from partial inability to earn a support by manual labor and Deafness Can hardly hear at all

That he was born on the 19 day of the month of Sept in the year 1841.

That he believes himself entitled to an increase of pension for disability above stated, and hereby makes application therefor under the Acts of June 27, 1890, and May 9, 1900.

He also claims additional pension for Deafness

(If you claim additional pension for a disability not mentioned in your Pension Certificate, here describe it fully and state when, where and under what circumstances the same originated.)

That he hereby appoints with full power of substitution and revocation JOHN W. MORRIS & CO., of Washington, D. C., his true and lawful attorneys to prosecute said claim. His Post Office address is New Haven (Including number and street, or number of R. F. D. route if any. If none, so state.) County of Fayette State of Pennsylvania

James A Cowgill
Signature of Claimant.

If claimant signs by mark, two persons who can write must sign here.

ATT'Y FILED

RECEIVED AUG 26 1905 PENSION OFFICE

Also personally appeared Charles Cohen *residing at* New Haven, *and* Frank M Laughlin, *residing at* Leisenring, *persons whom I certify to be respectable and entitled to credit, who, being by me duly sworn, say that they were present and saw* James A. Congles, *the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.*

Charles Cohen
Frank M Laughlin
Signatures of witnesses.

If witnesses sign by mark, two persons who can write must sign here.

Sworn to and subscribed before me, on the day first above written; and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words ———, *erased, and the words* per L. L., *added; and that I have no interest, direct or indirect, in the prosecution of this claim.*

Declaration and Power of Attorney
S. A. Lockwood
Chief, Law Division.

Jacob Morgan
Signature.
Justice of the Peace
Official character.

MY COMMISSION EXPIRES 1st MONDAY IN MAY

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Certificate No. 809,740

INVALID.

APPLICATION FOR

INCREASE OF PENSION.

James A. Congles
Co. G, 2nd Reg't Md. Pa. Vols.
Inc. 1st

FILED BY
JOHN W. MORRIS & CO.
Attorneys at Law,
WASHINGTON, D. C.

RECORD AUG 29 1905 DIVISION

AUG 29 1905